

Appendix A

BIRTH WEIGHT IN GRAMS

In order to provide data comparable to that published for the United States and other countries, birth weight is reported in grams for this report. The equivalents of the gram intervals in pounds and ounces are as follows:

499 grams or less	= 1 lb. 1 oz. or less
500 - 999 grams	= 1 lb. 2 ozs. - 2 lbs. 3 ozs.
1,000 - 1,499 grams	= 2 lbs. 4 ozs. - 3 lbs. 4 ozs.
1,500 - 1,999 grams	= 3 lbs. 5 ozs. - 4 lbs. 6 ozs.
2,000 - 2,499 grams	= 4 lbs. 7 ozs. - 5 lbs. 8 ozs.
2,500 - 2,999 grams	= 5 lbs. 9 ozs. - 6 lbs. 9 ozs.
3,000 - 3,499 grams	= 6 lbs. 10 ozs. - 7 lbs. 11 ozs.
3,500 - 3,999 grams	= 7 lbs. 12 ozs. - 8 lbs. 12 ozs.
4,000 - 4,499 grams	= 8 lbs. 13 ozs. - 9 lbs. 14 ozs.
4,500 - 4,999 grams	= 9 lbs. 15 ozs. - 11 lbs. 0 ozs.
5,000 grams or more	= 11 lbs. 1 oz. or more

RATES

Absolute counts of births and deaths do not readily lend themselves to analysis and comparison between years and various geographic areas because of population differences. These demographic differences include total number, age and sex distributions, and ethnic or racial differentials. In order to assess the health status of a particular population at a specified time, the absolute number of events is converted to a relative number such as probability of living or dying, a rate, a ratio, or an index. This conversion is made by relating the crude number of events to the living population at risk in a particular area at a specified time.

Reliability of Rates:

Precautions should always be taken when comparing any rates on vital events especially crude rates. Both the size of the numbers and the characteristics of the

population are important indicators of a rate's actual value.

All statistics are subject to chance variation. Rates based on an unusually small or large number of events over a specified period of time or for a sparsely populated geographic area should be of particular caution and concern.

For example, in year A there were three infant deaths for an infant mortality rate of 22.7 per 1,000 live births. In year B there were zero infant deaths for a rate of zero. The rate dropped from a very high infant mortality rate of 22.7 to a rate of zero. This is the result of a few infant deaths having enormous implications when applied to a relatively small number of births. Any statement regarding the unusually high infant mortality rate in year A or the incredible decrease in rates between year A and year B could be quite misleading. When small numbers of events or populations are evident in calculating/studying rates, multiple year rates (usually five or ten year summary rates) will often provide a much better framework for the measurement of an outcome. There are many characteristics of a population that can also render a crude rate of little use. Any unique demographic factors such as those related to age, sex, or race are not accounted for in crude rates. Since mortality varies greatly by age, crude death comparisons between the United States and South Dakota could be very misleading. Age-adjusted and specific rates offer a more refined measurement with which to compare vital event experiences over geographic areas or time periods.

ABORTION FORMS

Shown below and on the following pages
are the abortion forms physicians are

required to use under South Dakota Codified
Law 34-23A-34 to 34-23A-45.

***Physician's Induced Abortion Reporting Form
Parental Notice
South Dakota Codified Law § 34-23A-39
South Dakota Department of Health
600 East Capitol
Pierre, South Dakota 57501-2536***

Name of Hospital, Clinic or Physician's Office: _____	Date of Report ____ / ____ / ____ Patient ID Number: _____
Person responsible for the patient who is a minor (check appropriate box): Parent Guardian/conservator	
Complete questions A or B and question C.	
<p>A. As outlined in SDCL section 34-23A-7, notice was provided to: Parent Guardian/conservator</p> <p>B. Notice was not provided to parents or guardian/conservator of the minor as outlined in SDCL section 34-23A-7 because:</p> <p style="padding-left: 40px;">A medical emergency existed complicating the medical condition of the pregnant female so as to necessitate the immediate abortion to avert her death or to avert the creation of a serious risk of substantial or irreversible impairment of a major bodily function.</p> <p style="padding-left: 40px;">The person who was entitled to notice certified in writing that he/she has been notified.</p> <p style="padding-left: 40px;">The patient was an emancipated minor as defined by SDCL section 24-5-24.</p> <p style="padding-left: 40px;">The physician was authorized by the court under SDCL section 34-23A-7(3) to perform the induced abortion without parental or guardian/conservator notice.</p> <p>C. Minor obtained induced abortion: Yes No Unknown</p>	

REPORT OF INDUCED ABORTION
South Dakota Codified Law §§ 34-23A-35, 34-23A-34, 34-23A-19
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota 57501-2536

PLACE OF OCCURRENCE			
Name of Hospital, Clinic or Physician's Office:		Date of Report (Month/Day/Year)	Patient ID Number:
State:	County:	City:	
PATIENT INFORMATION			
Residence:		Residence Inside City Limits?	Marital Status:
State:	County:	Yes No	Married? Yes No
Zip Code:	Race:	Of Hispanic Origin?	
	White American Indian Black Other (specify):	Yes No	
Education (circle only highest grade completed):		Age on Last Birthday:	
Elementary/Secondary (0-12) College (1-4 or 5+)		Age of unborn child's father, if known	
8 9 10 11 12 1 2 3 4 5+		(if patient was younger than 16 years of age at conception):	
PAYMENT INFORMATION			
Payment for this Procedure: Private Insurance Public Health Plan Other (Specify):		Insurance Coverage Type: Fee-for-service Insurance Co. Managed Care Company Other (Specify):	Fee Collected for Performing or Treating the Induced Abortion: \$
PREVIOUS PREGNANCIES (complete each section)			
Live Births		Other Terminations	
Now Living None Number	Now Dead None Number	Spontaneous None Number	Previous Induced None Number
MEDICAL INFORMATION			
Date of Induced Abortion (Month/Day/Year)	Date Last Normal Menses Began (Month/Day/Year)	Patient Received Required Counseling?	Presence of Fetal Abnormality?
/ /	/ /	Yes No	Yes No Unknown
Approximate Gestational Age weeks	Measurement of Fetus Unknown (refer to instructions)	Method of Disposal:	
		Burial Cremation Incineration Unknown/Medical	
Rhesus factor (Rh) information: Patient received Rh test: Yes No			
If no, why? Patient provided info from elsewhere Info is in patient's chart			
Patient is positive or negative for Rh factor: Positive Negative Unknown			
Patient received Rho (D) immune globulin injection: Yes No			
MEDICAL PROCEDURES			
Primary Procedure That Terminated Pregnancy (<i>check only one</i>)	Type of Termination Procedure	Any Additional Procedures Used (<i>check all that apply</i>)	
	Suction Medical/Non-surgical Dilation and Evacuation Intra-Uterine Instillation Sharp Curettage Hysterotomy/Hysterectomy Other (Specify)		
Type of Anesthetic Used: None General Regional Local IV Conscious Sedation	Complications from the abortion: None 1. _____ 2. _____ 3. _____		
REASON FOR INDUCED ABORTION			
<i>Check all that apply.</i>			
The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued			
The pregnancy was a result of rape		The pregnancy was a result of incest	
The mother could not afford the child		The mother did not desire to have the child	
The mother's emotional health was at risk		Other, which shall be specified: _____	
PHYSICIAN INFORMATION			
Name of Physician and License Number:		Physician Has Been Subject To:	
Physician's Specialty: _____		License Revocation Yes No License Suspension Yes No Other Professional Sanction Yes No	

Physician's Induced Abortion Reporting Form
Voluntary and Informed Consent
South Dakota Codified Law § 34-23A-37
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota 57501-2536

Name of Hospital, Clinic or Physician's Office: _____	Date of Report ____ / ____ / ____ Patient ID Number: _____
SDCL 34-23A-43 (verification purposes)	
Complete the appropriate categories regarding informed consent information supplied to female patients. This includes medical information described in SDCL 34-23A-10.1(1), resource information described in SDCL 34-23A-10.1(2), and printed fetal growth and development educational materials described in SDCL 34-23A-10.3.	
<p>Patient was timely provided the medical information as described in SDCL §§ 34-23A-10.1(1) and 34-23A-10.1 (last paragraph). Medical information was provided: <div style="display: flex; justify-content: space-between; margin-left: 40px;"> during telephone conversation in person (face-to-face) </div> Medical information was provided by: <div style="display: flex; justify-content: space-between; margin-left: 40px;"> referring physician physician performing induced abortion </div> Patient was timely provided the resource information as described in SDCL 34-23A-10.1(2). Resource information was provided: <div style="display: flex; justify-content: space-between; margin-left: 40px;"> during telephone conversation in person (face-to-face) </div> Resource information was provided by: <div style="display: flex; justify-content: space-between; margin-left: 40px;"> <div style="width: 45%;"> referring physician agent of referring physician </div> <div style="width: 45%;"> physician performing induced abortion agent of physician performing induced abortion </div> </div> Patient was timely offered the printed fetal growth and development information as described in SDCL §§ 34-23A-10.3 and 34-23A-10.1(2)(c) in both printed form and by website at www.state.sd.us/applications/ph17abortioninfo/inlet/fetal.pdf and www.state.sd.us/ph17abortioninfo. <div style="margin-left: 40px;"> Patient did not accept the printed fetal growth and development information described in SDCL §§ 34-23A-10.3 and 34-23A-10.1(2)(c). Patient did not accept the website fetal growth and development information described in SDCL §§ 34-23A-10.4 and 34-23A-10.1(2)(c). </div> Patient obtained induced abortion: Yes No Unknown SDCL §§ 34-23A-10.1(1), 34-23A-10.1(2)(c), 34-23A-10.1(3), and 34-23A-10.1(4). </p>	
Patient obtained induced abortion. Patient was not provided the medical or resource information described in SDCL §§ 34-23A-10.1 (1) or 34-23A-10.1(2) because of a medical emergency which so complicated the medical condition of the pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death, on the basis of the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.	
Patient obtained induced abortion. Patient was not provided the medical or resource information described in SDCL §§ 34-23A-10.1 (1) or 34-23A-10.1(2) because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function, in the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form PO66 must be submitted to Department of Health.	